

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Marianne Goguen

Petition No. 2005-0422-000-031

PRELICENSURE CONSENT ORDER

WHEREAS, Marianne Goguen of Stafford Springs, Connecticut (hereinafter respondent") has applied for licensure to practice as a speech pathologist by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 399 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of speech pathology under the General Statutes of Connecticut, Chapter 399.
2. Since approximately 1975, respondent has been practicing as a speech pathologist without a license.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a speech pathologist as set forth in Chapter 399 of the General Statutes of Connecticut, respondent's license to practice as a speech pathologist will be issued.

3. Respondent agrees to refrain from the practice of speech pathology until she obtains a license to do so.
4. Respondent's license to practice as a speech pathologist in the State of Connecticut shall, immediately upon issuance, be reprimanded.
5. Respondent shall pay a civil penalty of three thousand, six hundred dollars (\$3,600.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Prelicensure Consent Order to the Department.
6. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
7. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
8. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
9. Respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
11. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the

Connecticut Department of Public Health in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-414 of the Connecticut General Statutes, as amended, is at issue.

12. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
13. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
14. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
15. Respondent understands this Prelicensure Consent Order is a matter of public record.
16. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Marianne Goguen have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Marianne Goguen
Marianne Goguen

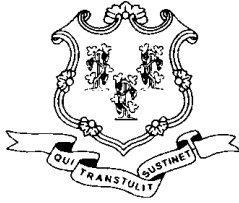
Subscribed and sworn to before me this 24th day of June 2005.

LINDA L. LYNCH
NOTARY PUBLIC
MY COMMISSION EXPIRES MAR. 31, 2010

Linda L. Lynch
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of June 2005, it is hereby ordered and accepted.

Jennifer L. Filippone
Jennifer L. Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CERTIFIED MAIL RETURN RECEIPT REQUESTED

June 30, 2005

Marianne D. Goguen
P.O. Box 104
Stafford Springs, CT 06076

Dear Ms. Goguen:

This is to advise you that you have completed all requirements for Connecticut speech pathologist licensure. License number 003662 has been issued effective June 27, 2005.

Enclosed is a copy of the fully executed Prelicensure Consent Order in accordance with which your license is being granted. The Prelicensure Consent Order takes effect immediately.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner every two years in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

Stephen B. Carragher
Health Program Supervisor
Office of Practitioner Licensing and Certification

cc: Jennifer Filippone, Public Health Services Manager
Donna Brewer, Director, Public Health Hearing Office
Stanley Peck, Director, Legal Office

SBC/dl
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